Social Security Administration

SMALL BUSINESS SUBCONTRACTING PLAN (MODEL PLAN OUTLINE)

SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE *

Identification Data

Contractor:
Address:
olicitation or Contract Number:
tem/Service:
Total Amount of Contract (Including Options):
Period of Contract Performance (DAY, MONTH & YEAR):

*Federal Acquisition Regulation (FAR) 19.708(b) prescribes the use of FAR clause 52.219-9, "Small Business Subcontracting Plan." The plan on the following pages is a suggested model when formulating a subcontracting plan. While this model plan has been designed to be consistent with FAR 52.219-9, other subcontracting plan formats may be acceptable. However, failure to include the essential information exemplified in this model may delay the Government's evaluation of a bid or offer where the clause applies. Further, the use of this model is not intended to waive other applicable requirements under FAR 52.219-9. The term "subcontract," as used in this clause, means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime Contractor or subcontractor for supplies or services required for performance of the contract or subcontract. Note: See Sections E2-4(a), E3-2.1(h), and E3-3.4 of Solicitation SSA-RFP-17-1001 for further information)

1.	Type of Plan (Check One)
	Individual plan (all elements developed specifically for this contract and applicable for the full term of this contract, including options).
	Master plan (all required elements of an individual plan, except goals; all other elements standard; must be approved and renewed annually).
	Commercial plan (plans/goals covers the offeror's fiscal year for all commercial items sold by the company. Negotiated by a lead agency. Contractor must provide copy of lead agency approval).
2.	Goals
sma His	als should be expressed in terms of percentages of total planned subcontracting dollars for use of all business, small disadvantaged business (SDB), women-owned small business (WOSB), torically Underutilized Business Zone (HUBZone) small business, veteran-owned small business OSB) and service-disabled (SD) VOSB concerns as subcontractors.
(AN Add bus bus B a Ind	Note: Effective September 17, 2007, subcontracts awarded to an Alaska Native Corporation NC) or Indian tribe, as defined in FAR 19.701, regardless of its size or Small Business ministration certification status, shall be counted towards the subcontracting goals for small siness and SDB concerns. Therefore, all references in this document to either "small siness" or "small disadvantaged" concerns shall include ANCs and Indian tribes. For Items and C below, if your company and other companies have been designated by an ANC or lian tribe to receive small business and SDB credit for a subcontract awarded to the ANC or lian tribe, report only the portion of the total amount of the subcontract that has been ignated to your company.**
A.	Total dollars (small and large business) planned to be subcontracted \$
В.	Total dollars and percentage of planned subcontracting to small business concerns is and
C.	Total dollars and percentage of planned subcontracting to SDB concerns is \$and% (percentage of A above).
D.	Total dollars and percentage of planned subcontracting to WOSB concerns is \$
E.	Total dollars and percentage of planned subcontracting to HUBZone small business concerns is \$\mand% (percentage of A above).
F.	Total dollars and percentage of planned subcontracting to VOSBs is

	\$	and		% (perc	entage of A	A above).			
G.		nd percentage of A	-	subcont	racting to	SDVOSBs is	\$		and
H.	been certified	nd percentage of by the Small B percentage of A	usiness Ad						not
I.		nd percentage (es that are n	ot
3.	. Provide a description of the principal types of supplies and/or services to be subcontracted, using the chart below and an indication of the types of businesses supplying them (i.e., Other Than Small Businesses (OTHER), Small Business (SMALL), SDB, WOSB, HUBzone Small Business VOSB, and SDVOSB)). Below the chart, provide a list of small business subcontractors: (Check all that apply)						1		
	Product/Servi	ce OTHER	SMALL	SDB	WOSB	HUBZone SMALL	VOSB	SDVOSB	
									- - -
		(A	ttach addit	tional sh	eets if nec	essary.)			
4.	Provide a description of the methods used to develop the subcontracting goals for small, SDB, WOSB, HUBZone small business, VOSB, and SDVOSBs (i.e., explain the method and state the quantitative basis in dollars).								
5.	Provide a description of methods used to identify potential sources for solicitation purposes.								
6.	Indirect costs (check one) are are not included in the dollar and percentage subcontracting goals stated above.								
	If indirect costs are included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, SDB, WOSB, HUBZone small business, VOSB, and SDVOSBs.					of			

7. Program Administrator

Give the name and title of the individual designated to administer the subcontracting program and describe his/her duties and responsibilities:

Name:				
Title:				
Address:				
Telephone:				
tach additional	heets if necessary	for duties and res	sponsibilities.)	

8. Equitable opportunity

Describe efforts the offeror will make to ensure small business, SDB, WOSB, HUBZone small business, VOSB, and SDVOSBs will have an equitable opportunity to compete for subcontracts.

9. Flow-Down Clause

The Contractor shall include the clause under FAR <u>52.219-8</u>, "Utilization of Small Business Concerns (OCT 2015)," in all subcontracts that offer further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of \$700,000 (\$1.5 million for construction contracts) must adopt and comply with a plan similar to the plan required by FAR <u>52.219-9</u>, "Small Business Subcontracting Plan" (see FAR section <u>19.704</u>).

10. Reporting and Cooperation

The Contractor shall: (a) cooperate in any studies or surveys that may be required; (b) submit periodic reports which show compliance with the subcontracting plan; (c) submit the Individual Subcontract Report (ISR) and the Summary Subcontract Report (SSR) in the Electronic Subcontracting Reporting System (eSRS) at www.esrs.gov; and (d) provide for subcontractor agreement to submit ISR and SSR in eSRS at www.esrs.gov.

Reporting Period	Report Due	Report Due Date
October 1 st - March 30 th	ISR	April 30 th
April 1 st - September 30 th	ISR	October 30 th
October 1 st - September 30 th	SSR	October 30 th

11. Recordkeeping

The contractor shall maintain, at a minimum, the following types of records to demonstrate procedures adopted to comply with the requirements and goals in the subcontracting plan.

- A. Source lists, guides, and other data identifying small business, SDB, WOSB, HUBZone small business, VOSB, and SDVOSBs.
- B. Records on organizations contacted in an attempt to locate sources that are small business, SDB, WOSB, HUBZone small business, VOSB, and SDVOSBs.
- C. Records on all subcontract solicitations over \$150,000 which indicate for each solicitation whether the following types of small businesses concerns were solicited: (1) small; (2) small disadvantaged; (3) women-owned; (4) HUBZone; (5) veteran-owned; (6) service-disabled veteran-owned. For each of the foregoing, indicate whether the type of business was solicited and, if not, the reason why. In addition, if the award itself was not made to a small business, indicate the reason(s).
- D. Records to support other outreach efforts, e.g., contacts with trade associations, business development organizations and attendance at business procurement conferences and trade fairs for small business, including minority and women-owned small business.
- E. Records to support: (1) internal guidance and encouragement given to buyers, e.g., through workshops, seminars, training programs, incentive awards, to purchase from small business sources; and (2) monitoring of their purchase activities to evaluate compliance.
- F. On a contract-by-contract basis, records to support subcontract award data including the name, address, and business size of each subcontractor. (This item is not required for commercial plans.)

12. Certification

Signature:	
Typed Name:	
Title:	
Date Prepared:	
Telephone Number:	

This subcontracting plan was prepared and submitted by: